

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041815

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1105

FILED NOV 20 1962

1. PLACE OF DEATH

a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Poplar Bluff**

Length of stay in lb
6 Mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Poplar Bluff Hosp.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** COUNTY **BUTLER**

c. CITY OR TOWN **Poplar Bluff**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1721 W. Maud

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

OLLIE

Middle

EDWIN

Last

STOUT

4. DATE OF DEATH

Month

Day

Year

November 9, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/10/1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR
Months **8** Days **29**

IF UNDER 24 HR
Hours **29** Min. **11**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Roofing

10b. KIND OF BUSINESS OR INDUSTRY
Roofing

11. BIRTHPLACE (City and state or country)
Peoria, Illinois

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Perry Stout

13b. MOTHER'S MAIDEN NAME

Alta Fox

14. NAME OF HUSBAND OR WIFE

Hattie Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Hattie Stout, Poplar Bluff,

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Calculated Brain Tumor about 5 yrs
Brain Surgery was done 1-7-62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour **7** a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **July 29** to **Nov 4 1962** and last saw him alive on **Nov 28 1962**
Death occurred at **7:00 A. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/10/1962

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Poplar Bluff, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

RANK-COTRELL CHAPEL, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0128

2 0128

3

4 0

5 1

6

7 1

8 2

9 9

10 8

11

12 4-0

13 1-0

NOV 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles E. Mungle

Licensed Embalmer No.

4877

P. O. Address

Poplar Bluff, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.